



Commonwealth of Massachusetts  
Executive Office of Labor and  
Workforce Development  
Division of Occupational Safety

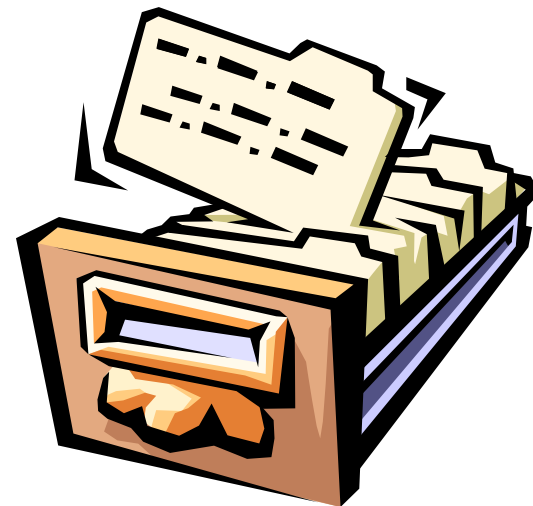
*Recording and Reporting  
Occupational Injuries and  
Illnesses*

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Deval L. Patrick, Governor  
Timothy P. Murray, Lieutenant Governor

Joanne F. Goldstein, Secretary  
George Noel, Director  
Laura M. Marlin, Commissioner

# 29 CFR Part 1904



# Survey Facts

- ▶ Randomly selected public sector sites
- ▶ Maintain injury & illness data for calendar year 2008
- ▶ January 2009—you will receive the “*Survey of Occupational Injuries and Illnesses*”
- ▶ Submit the survey to the state via mail, email, fax or online.

# Survey Facts

- ▶ On average it takes 24 minutes to complete survey
- ▶ Information is confidential
- ▶ Information not used for any enforcement or punitive purpose.
- ▶ Having been selected this year is no indication of whether an employer will/will not be chosen in subsequent years.

# *Recording and Reporting Occupational Injuries and Illnesses*

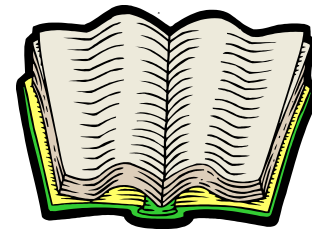
## Purpose of the Rule

- ▶ To require employers to record and report work-related fatalities, injuries and illnesses

Note: OSHA injury and illness recordkeeping and Workers' Compensation are independent of each other

# 29 CFR Part 1904

- ▶ Subpart A – Purpose
- ▶ Subpart B – Scope
- ▶ **Subpart C – Forms and recording criteria**
- ▶ Subpart D – Other requirements
- ▶ Subpart E – Reporting to the government
- ▶ Subpart F – Transition
- ▶ **Subpart G – Definitions**



# Recording Criteria

- ▶ Subpart C: Recordkeeping forms and recording criteria
  - 1904.4 Recording criteria
  - 1904.5 Work-relatedness
  - 1904.6 New case
  - 1904.7 General recording criteria
  - 1904.8 Needlesticks and sharps
  - 1904.9 Medical removal
  - 1904.10 Hearing loss
  - 1904.11 Tuberculosis
  - 1904.29 Forms

# 1904.4 – Recording Criteria

- ▶ Covered employers must record each fatality, injury or illness that:
  - Is work-related, **and**
  - Is a new case, **and**
  - Meets one or more of the criteria contained in sections 1904.7 through 1904.12
    - 1904.7 General recording criteria
    - 1904.8 Needlesticks and sharps
    - 1904.9 Medical removal
    - 1904.10 Hearing loss
    - 1904.11 Tuberculosis



# 1904.5 – Work-Relatedness

- ▶ A case is considered work-related if an event or exposure in the work environment either;

1.) caused or contributed to the resulting condition  
or

2.) *significantly* aggravated a pre-existing injury or illness

- ▶ Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment



# 1904.5 – Work Environment

- ▶ The work environment is defined as the establishment and other locations where one or more employees are working or present as a condition of employment



# 1904.5 – Significant Aggravation

- ▶ A pre-existing injury or illness is *significantly* aggravated when an event or exposure in the work environment results in any of the following (which otherwise would not have occurred):
  - Death
  - Loss of consciousness
  - Days away, days restricted or job transfer
  - Medical treatment

# Work Relatedness–Exceptions

- ▶ Present as a member of the general public
- ▶ Symptoms arising in work environment that are solely due to non–work–related event or exposure
- ▶ Voluntary participation in wellness program, medical, fitness or recreational activity
- ▶ Eating, drinking or preparing food or drink for personal consumption



# Work Relatedness- Exceptions

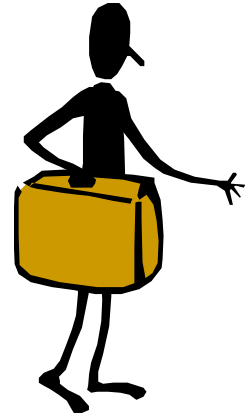
- Personal tasks outside assigned working hours
- Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted
- Motor vehicle accident in parking lot/access road during commute to/from work
- Common cold or flu
- Mental illness (Physician or PLHCP ma determine illness is work related)



# 1904.5 – Travel Status

## Recordable

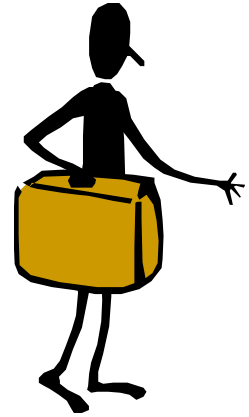
- ▶ An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer



# 1904.5 – Travel Status

## Not recordable

- ▶ Home away from home
- ▶ Detour for personal reasons is not work-related





# 1904.5 – Work at Home

- ▶ Injuries and illnesses that occur while an employee is working at home are work-related if they:
  - occur while the employee is performing work for pay or compensation in the home, and
  - are directly related to the performance of work rather than the general home environment



# 1904.6 – New Case



- ▶ A case is new if:
  - The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body

# 1904.6 – New Case

- ▶ A case is new if:
  - The employee previously experienced a recordable injury or illness of the same type that affects the same part of the body, but *had recovered completely* and an event or exposure in the work environment caused the signs and symptoms to reappear

# 1904.6 – New Case

- ▶ *If* there is a medical opinion regarding if a case is a new case you must follow that opinion
- ▶ *If* an exposure triggers the recurrence, it is a new case (e.g., asthma, rashes)

# 1904.7 – General Recording Criteria

- ▶ An injury or illness is recordable if it results in one or more of the following:
  - Death
  - Days away from work
  - Restricted work activity
  - Transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a PLHCP

# Restricted Days

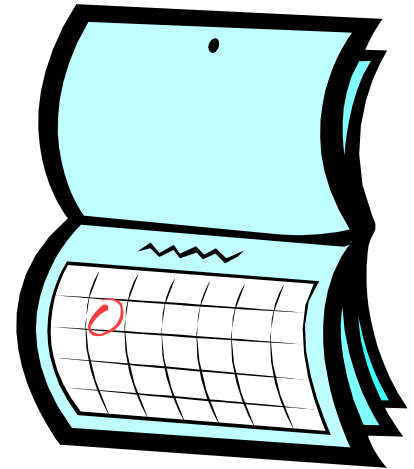
Days when the employee cannot do their routine job functions.

## Routine Job Function

Those work activities that the employee performs at least once per week

# Days Away/Restricted/ Job Transfer

- ▶ Record if the case involves one or more days away /restricted/job transfer
- ▶ Check appropriate box and count the number of days
- ▶ Do not include the day of injury/illness



# Days Away/Restricted /Job Transfer

- Count the number of calendar days the employee was unable to work /restricted /transferred (include weekend days, holidays, vacation days, etc.)
- Cap day count at 180 days away /restricted/transferred



# Days Away/Restricted /Job Transfer

- May stop count if employee is permanently assigned to transferred job that has been modified to eliminate the routine function that the employee was restricted from
- May stop day count if employee leaves company for a reason unrelated to the injury or illness
- If a medical opinion exists, employer must follow that opinion

# 1904.7 – General Recording Criteria

- ▶ An injury or illness is recordable if it results in one or more of the following:
  - Death
  - Days away from work
  - Restricted work activity
  - Transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a PLHCP

# 1904.7– Medical Treatment

- ▶ Medical treatment is the management and care of a patient to combat disease or disorder.
- ▶ It does not include:
  - Visits to a PLHCP solely for observation or counseling
  - Diagnostic procedures
  - First aid



# First Aid

- ▶ Using nonprescription medication at nonprescription strength
- ▶ Tetanus immunizations
- ▶ Cleaning, flushing, or soaking surface wounds
- ▶ Wound coverings, butterfly bandages, Steri-Strips
- ▶ Hot or cold therapy
- ▶ Non-rigid means of support
- ▶ Temporary immobilization device used to transport accident victims



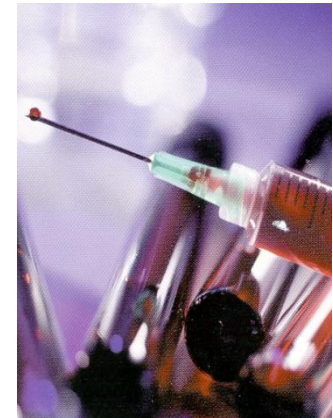
# First Aid

- ▶ Drilling of fingernail or toenail, draining fluid from blister
- ▶ Eye patches
- ▶ Removing foreign bodies from eye using irrigation or cotton swab
- ▶ Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- ▶ Finger guards
- ▶ Massages
- ▶ Drinking fluids for relief of heat stress



# 1904.8 –Needlesticks and Sharps Injuries

- ▶ Record all work–related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material
- ▶ Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria



# 1904.9 – Medical Removal

- ▶ If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case
- ▶ If the case involves voluntary removal below the removal levels required by the standard, the case need not be recorded



# 1904.10 – Hearing Loss

- ▶ Record Standard Threshold Shifts



- ▶ Audiologist can let you know if a STS has occurred
- ▶ Check off *hearing loss*



# 1904.11 – Tuberculosis

- ▶ Record a case where an employee is exposed to someone with a known case of active tuberculosis, and subsequently develops a TB infection



- ▶ Check off *respiratory condition*

# 1904.11 – Tuberculosis

- ▶ A case is not recordable when:
  - The worker is living in a household with a person who is diagnosed with active TB
  - The Public Health Department has identified the worker as a contact of an individual with active TB
  - A medical investigation shows the employee's infection was caused by exposure away from work

# 1904.29 – Forms

- ▶ OSHA Form 300, *Log of Work-Related Injuries and Illnesses*
- ▶ OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*
- ▶ OSHA Form 301, *Injury and Illness Incident Report*

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20\_\_

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Identify the person		Describe the case		Classify the case												
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:				
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record- able cases (J)	On job transfer or restriction (K)	Away from work (L)	(M)				
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	All other illnesses (5)
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# OSHA's Form 301

## Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5) ☐ Male  
☐ Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the workplace, where was it given?
- Facility \_\_\_\_\_
- Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 8) Was employee treated in an emergency room?  
☐ Yes  
☐ No
- 9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☐ No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM / PM
- 13) Time of event \_\_\_\_\_ AM / PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_



# Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

## Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
_____	_____
(K)	(L)

## Injury and Illness Types

Total number of ...  
(M)

- |                            |       |                         |       |
|----------------------------|-------|-------------------------|-------|
| (1) Injuries               | _____ | (4) Poisonings          | _____ |
| (2) Skin disorders         | _____ | (5) All other illnesses | _____ |
| (3) Respiratory conditions | _____ |                         |       |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3620 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

## Establishment Information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*) \_\_\_\_\_

## Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

## Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____	Title _____
( ) _____	/ /
Phone _____	Date _____

# 1904.29-Forms

- ▶ Employers must enter each recordable case on the forms within 7 calendar days of receiving information that a recordable case occurred

# 1904.29 – Forms

- ▶ 301 Incident Report or equivalent with the same information
- ▶ Forms can be kept on a computer as long as they can be produced when they are needed





# 1904.29 – Privacy Protection

- ▶ Privacy concern cases are:
  - An injury or illness to an intimate body part or reproductive system
  - An injury or illness resulting from sexual assault
  - Mental illness
  - HIV infection, hepatitis, tuberculosis
  - Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
  - Employee voluntarily requests to keep name off for other illness cases

# 1904.29 – Privacy Protection

- ▶ Do not enter the name of an employee on the OSHA Form 300 for “privacy concern cases”
- ▶ Enter “privacy case” in the name column
- ▶ Keep a separate confidential list of the case numbers and employee names

# 1904.31 – Covered Employees

- ▶ Employees on payroll
- ▶ Employees not on payroll who are supervised on a day-to-day basis

(Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm)

- ▶ Review OSHA Form 300 for completeness and accuracy, correct deficiencies
- ▶ Complete OSHA Form 300A
- ▶ Certify summary
- ▶ Post summary

44

# 1904.35 – Employee Involvement

- ❖ You must set up a way for employees to report work-related injuries and illnesses promptly; and
- ❖ You must tell each employee to report work-related injuries and illnesses to you



# ???Questions on OSHA Logs???

617-969-7177 x306

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